

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035060

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 689

FILED OCT 14 1963

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Columbia</u>		c. CITY OR TOWN <u>Clinton</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>University of Missouri Medical Center</u>		d. STREET ADDRESS (If outside, give location) <u>804 N. Main</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Mont</u> Middle <u>Cooper</u> Last <u>Cooper</u>		4. DATE OF DEATH Month <u>October</u> Day <u>6</u> Year <u>1963</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-1-1894</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housecleaning</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Postoffice Mo.</u>	9. AGE (last birthday) <u>69</u>
13a. FATHER'S NAME <u>Robert Cooper</u>		14. NAME OF HUSBAND OR WIFE <u>Anna B. Cooper</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		17. INFORMANT <u>Hospital Records</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u> DUE TO (b) <u>myocardial failure</u> DUE TO (c) <u>multiple pulmonary emboli</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u> <u>4 wks.</u> <u>3 mos.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>gastric disease</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY. Hour <u>2:15</u> a.m. <u>10/5/63</u> Month, Day, Year		20f. CITY, TOWN, OR LOCATION <u>Columbia, Missouri</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <u>10/5/63</u> to <u>10/6/63</u> and last saw her alive on <u>10/6/63</u> Death occurred at <u>2:15</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS <u>University Hospital, Columbia, Missouri</u>	
22a. SIGNATURE (Degree or title) <u>Harold L. Jones M.D.</u>		22c. DATE SIGNED <u>10/6/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10/9/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oaks Cemetery</u>	23d. LOCATION (City, town, or county) <u>Windsor Mo.</u>
24. FUNERAL DIRECTOR <u>Allen-Sons Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>Oct 9 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>			

Sedalia Missouri

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 22 1963

[illegible]**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer _____

Signed L. D. Hardiman

Licensed Embalmer No. 4378

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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